

PART B - FEE(S) TRANSMITTAL

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22442 7590 02/22/2011

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Leslie M. Frankel	(Depositor's name)
<i>Leslie M. Frankel</i>	
(Signature)	
2011-05-20	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/598,788	05/31/2007	Manfred Michalk	5607-3	1394

TITLE OF INVENTION: FLAT TRANSPONDER AND METHOD FOR THE PRODUCTION THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/23/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS				
LEE, SEUNG H	2887	235-492000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Sheridan Ross P.C.
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

HID Global GmbH

Germany

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature 
Typed or printed name Matthew R. Ellsworth

Date May 20, 2011
Registration No. 56,345

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